

## ENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jonathan Lee Riches  
40948-018  
WILLIAMSBURG  
FEDERAL CORRECTIONAL INSTITUTION  
Inmate Mail/Parcels  
P.O. BOX 340  
SALTERS, SC 29590

2. Article Number  
(Transfer from service label)

7003 0500 0004 3875 2534

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature  
**X** *SLRHS*

Agent  
 Addressee

B. Received by (Printed Name)  
*SLRHS*

C. Date of Delivery  
*10/1/01*

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

Restricted Delivery? (Extra Fee)

Yes

PS Form 3811, February 2004